# Mandatory Health Programs and Services

Guidelines (Phase I)
for the provision of
Mandatory Health Programs and Services
under
The Health Protection and Promotion Act, 1983

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Ministry of Health
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# I. A STATEMENT OF PHILOSOPHY

In enacting the Health Protection and Promotion Act and developing the Guidelines, the Ministry of Health has reiterated its commitment to public health as a significant component in Ontario's Health Care System.

In making this commitment, it is recognized that if improvements are to take place in morbidity and mortality, increased emphasis must be placed not only on the curative component of the system, but also in such areas as environment and lifestyle which are considered by many to be key contributing factors in the causes of modern day disease. In support of this position, the Ministry has begun to shift its focus towards prevention and the development of multi-dimensional, multi-disciplinary public health programs at the community level.

Key factors in this shift are, of course, the Boards of Health across the Province which, with their staff have been responding to the challenge of this new direction by developing policies and programs designed to reflect both governmental and individual responsibilities in the area of prevention.

With the implementation of the Guidelines, every resident of Ontario can be assured of a wide range of basic minimum services which will form the cornerstone of public health programs now and in the years ahead. At the same time their introduction will serve to strengthen the role of the Board of Health as an important and essential component of Ontario's Health Care System. In addition this new initiative recognizes the valuable contribution which all groups of health care practitioners can make in ensuring a balanced, effective and economic service.

# II. INTRODUCTION

As part of the Ministry of Health's policy of shifting emphasis from institutional based curative services to those having a community based, prevention orientation, the Legislature gave third reading, on February 14, 1983, to a new Health Protection and Promotion Act (Bill 138). Part II, Section 5 of the Bill ensures that every resident of Ontario will have access to a minimum level of public health services covering the following areas:

- Community Sanitation
- Control of Communicable Diseases
- Preventive Dentistry
- Family Health
- Home Care
- Nutrition
- Public Health Education

In addition to this innovative provision, Section 7 gives the Minister of Health authority to publish Guidelines pertaining to these programs and services. The Guidelines have been developed consistent with this authority.

**The Format of the Guidelines**

It should be noted that the Guidelines differ in format and wording from earlier guidelines produced by the Public Health Branch. This has been done not only to reflect the legal nature of the documents, but also to facilitate interpretation and understanding by the public.

**It should be emphasized that unlike traditional guidelines which are simply recommended procedures, these Guidelines are statutory documents, have the backing of the new Act and are mandatory. In other words, the Board of Health is required by law to implement them.**

The STANDARD section indicates what services the Board of Health shall provide or ensure the provision of, either through its own staff or other community resources. The IMPLEMENTATION section provides guidance as to delivery of these services.

The IMPLEMENTATION section contains a mix of specificity and flexibility. For example in the Program Monitoring subsection, specific information requirements are detailed. These requirements are specific to the associated items in the Standards and are intended to provide the Ministry with a means of monitoring compliance therewith. On the other hand, flexibility is an important theme running through the Program Delivery subsection where alternatives, within certain limits, are given as to how the Standard might be met. In short the Guidelines are an attempt to provide a degree of specificity which will facilitate interpretation and monitoring of the mandatory programs while at the same time being flexible enough to respond to local needs.

With respect to the specifics of STAFFING, it is recognized that many of the program areas identified in the Guidelines have the potential for a multi-disciplinary approach to planning and service delivery. Indeed, in some areas such an approach is critical to planning and service delivery. For example, in both Family Health and Dentistry, it is essential that the nutritionist play a role in both program areas. The staffing sections in each of the Guidelines have been written to reflect this concept while at the same time recognizing the legitimate lead role of the appropriate disciplines.

In developing the Guidelines it was not the intention to provide a detailed treatise as to how they might be implemented. As a result the implementation sections do not include extensive and detailed information on such matters as planning, evaluation, priority setting, the conduct of needs assessments and the myriad of other activities essential to the delivery of the health programs and services specified in Bill 138. Nevertheless, it should be pointed out that in monitoring the implementation of the Guidelines, it will be expected that the Medical Officer of Health and his staff clearly demonstrate that programs have been planned in response to community needs and that evaluation protocols have been developed to measure program effectiveness.

**The Guidelines, Regulations and The Statute**

The Guidelines have been written to describe the role and responsibility of the Board and its staff in the provision of the statutory responsibilities envisaged under PART II of Bill 138. Where other Parts of the Bill and regulations thereunder provide additional responsibilities they have not been repeated or expanded upon in the Guidelines. Furthermore, where there is a conflict between the Guidelines and any regulation under Bill 138 or any other Statute, the Statute and regulations prevail.

# III. THE GUIDELINES

## GUIDELINES FOR THE PROVISION OF MANDATORY HEALTH PROGRAMS AND SERVICES UNDER THE HEALTH PROTECTION AND PROMOTION ACT 1983 PART II, SECTION 7

# A. GENERAL PROVISIONS

## STANDARD

**The Board of Health shall ensure:**

**(1) That the Medical Officer of Health, in consultation with senior staff involved in each program, prepare an annual operational plan which shall include, but need not be limited to:**

**(a) Goals, objectives, indicators, activities and outcome measures.**

**(b) Designation of a program manager with primary responsibility for both the program and staff assigned to it.**

**(c) The data to be collected for the Ministry of Health.**

**(d) The data to be collected solely for the use of the Board.**

**(2) That the program monitoring, staffing and program delivery provisions of the Guidelines be carried out as indicated in each implementation section of the Guidelines.**

# B. COMMUNITY SANITATION

## REFERENCES AND DEFINITIONS

Unless stated below, definitions of terms used are the same as in the Health Protection and Promotion Act and Regulations thereunder.

(i) Communal Water Supply and Facility means those water supplies and facilities not controlled under the Ontario Water Resources Act 1980, Ch. 361, Section 23 (9) (a)-(d).

(ii) Other Residential Facilities - includes rest houses, lodging houses, group homes, approved homes and other residential facilities of a similar nature.

## INSPECTION OF PREMISES

### STANDARD

**The Board of Health shall ensure:**

**(1) That the premises identified in the inspection schedule attached are inspected in accordance with the frequencies stated thereunder.**

**(2) That inspections of premises identified in the schedule include, but need not be limited to:**

**(a) A review of the extent of compliance with any previous inspection recommendation.**

**(b) An assessment of the extent of compliance with the Health Protection and Promotion Act and *all* regulations thereunder.**

**(c) An inspection of the entire premises.**

### IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

(a) The type of premises inspected.

(b) The total number of inspections carried out on each premises.

**(2) Staffing**

The services and activities associated with the Standard shall be carried out by public health inspectors under the direction of the Board of Health's senior ranking public health inspector, with other staff being assigned where appropriate.

**(3) Program Delivery**

(a) The intent of the Standard will be met by carrying out inspections so as to ensure compliance with the Health Protection and Promotion Act and regulations thereunder.

**(b)** Inspections, which are complaint investigations, follow-up or spot checks that may be required, shall be provided in addition to those inspections performed in accordance with minimum frequencies.

**(c)** Where establishments are of a seasonal nature, assigned minimum inspection frequencies can be pro-rated to coincide with the duration of their operation. For example, if a minimum of 12 inspections per year are expected, a premises or facility that is open for six months per year should have a minimum of six inspections during the portion of the year that it is in operation. Regardless of the flexibility provided by this pro-rating, no premises on the attached Inspection Schedule shall have less than one inspection per year.

**(d)** Premises such as industrial camps (having less than 15 employees), farm vacation homes, play parks and picnic areas are also to be inspected. The frequency of such inspections is to be determined on the basis of demonstrated local need.

# MINIMUM INSPECTION FREQUENCIES

## INSPECTION SCHEDULE

| SECTION A - FOOD PREMISES | INSPECTION FREQUENCY (per year) |
|---|---|
| Bakery | 4 |
| Bake Shop | 4 |
| Banquet Facility | 2 |
| Beverage Room | 2 |
| Bottling Plant | 2 |
| Butcher Shop | 4 |
| Cafeteria | 6 |
| Cannery | 2 |
| Caterer (Food) | 4 |
| Cheese Factory | 6 |
| Cocktail Bar | 2 |
| Commissary | 4 |
| Dining Room (e.g., Hotel, etc.) | 4 |
| Drive-In | 3 |
| Food Depot | 2 |
| Food Processing Plant | 2 |
| Food Store (Convenience, Variety) | 2 |
| Food Vending Facility | 1 |
| Ice Cream Plant | 4 |
| Ice Cream Stand - Soft | 4 |
| Ice Cream Stand - Hard | 1 |
| Ice Manufacturing Plant | 1 |
| Industrial Camp (having more than 15 employees) | 4 |
| Institutional Food Service (e.g., Hospitals, Home for the Aged) | 6 |
| Locker Plant | 2 |
| Milk Depot | 2 |
| Milk Pasteurization Plant | 4 |
| Milk Products Plant | 4 |
| Mobile Food Premises | 2 |
| Mobile Food Preparation Vehicle | 2 |
| Private Club | 2 |
| Refreshment Stand | 1 |
| Restaurant | 6 |
| Serving Kitchen | 3 |
| Slaughterhouse & Meat Processing Plant | 6 |
| Supermarket | 6 |
| Take Out | 3 |

| SECTION B – PREMISES OTHER THAN FOOD PREMISES | INSPECTION FREQUENCY (per year) |
|---|---|
| **Drinking Water** | |
| Communal Water Supply and Facility* | 4 |
| Water Haulage Facility | 1 |
| **General Sanitation** | |
| Airport/Bus Terminal | 1 |
| Arena | 1 |
| Barber Shop | 1 |
| Beauty Parlour | 1 |
| Billiard/Pool Hall/ Arcade | 1 |
| Bowling Alley | 1 |
| Funeral Home | 1 |
| Golf Course/Curling Rink | 1 |
| Health Club | 1 |
| Hotel/Motel | 1 |
| Kennel | 1 |
| Laundromat/Laundry | 1 |
| Marina | 1 |
| Mobile Home Park – Permanent | 1 |
| Pet Shop | 1 |
| Rendering Plant, Other Offensive Trades | 1 |
| Theatre | 1 |
| Tattoo Parlour | 1 |
| **Housing** | |
| Placarded Premises | 1 |
| Migrant Farm Worker Housing | 1 |
| Transient Labour Camp | 1 |
| Boarding Home | 2 |
| **Institutional Sanitation** | |
| Charitable Institution | 1 |
| Children's Mental Health Centre | 1 |
| Children's Residence | 1 |
| Correctional Institution | 1 |
| Day Nursery | 1 |
| Home for the Aged | 2 |
| Home for Special Care | 1 |
| Hospital (Public and Private) | 1 |
| Lock up | 1 |
| Psychiatric Facility | 1 |
| Sanitarium | 1 |
| School | 1 |
| Training School | 1 |
| Other Residential Facilities* | 1 |
| **Recreational Sanitation** | |
| Bathing Beach – Public | ** |
| Race Track, Fairground | 1 |
| Riding Stable | 1 |
| Recreational Camp | 1 |
| Swimming Pool – Public | 12 |
| Travel Trailer Park, Campground | 2 |
| Tourist Establishment | 1 |
| Wading Pool – Public | 12 |

*See References and Definitions on page 7*

***2 per month (during bathing season)*

# DEMAND SERVICES

## STANDARD

**The Board of Health shall ensure:**

**(1) That a response be made to any community sanitation complaints and requests for service within two working days from the time of receipt.**

**(2) That procedures be developed and implemented to:**

**(a) Assess the incoming complaints and requests for service.**

**(b) Determine the appropriate action to be taken.**

**(c) Rank investigations in order of priority.**

## IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

**(a)** Nature of Complaint/Request.

**(b)** Date received.

**(c)** Date and nature of response.

**(d)** Evidence, satisfactory to the Ministry, that the procedures identified in item **(2)** of the Standard have been developed and implemented.

**(2) Staffing**

The services and activities associated with the Standard shall be carried out by public health inspectors under the direction of the Board of Health's senior ranking public health inspector, with other staff being assigned where appropriate.

**(3) Program Delivery**

**(a)** Under item **(1)** of the Standard it is not intended that complaints and requests for service will necessarily be resolved within two working days. However, it is expected that staff of the Board will initiate an investigation within the time period. Such action may include:

**(i)** Contacting the complainant for further information and to provide advice.

**(ii)** Consulting with other provincial ministries who might be involved.

**(b)** It is recommended that the complainant be advised of the results of any investigation conducted as part of the response under item **(1)** of the Standard.

# C. COMMUNICABLE DISEASE CONTROL

## IMMUNIZATION

### SECTION A – GENERAL

#### STANDARD

**The Board of Health shall:**

**(1) Ensure the availability of immunization services to all persons residing in the health unit, such services to include but need not be limited to:**

**(a) The provision of information on vaccines supplied by the Ministry of Health; and**

**(b) The administration of such vaccines.**

**(2) Operate as many immunization clinics as may be necessary to ensure compliance with this guideline.**

#### IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

(a) The number of doses by vaccine distributed by the Board of Health to private physicians.

(b) The number of doses by vaccine administered by staff of the Board of Health.

(c) The number of clinics held.

(d) The number of persons attending each clinic.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out under the direction of the Medical Officer of Health, with other staff being assigned where appropriate.

**(3) Program Delivery**

(a) In order to ensure compliance with the Standard, staff having responsibility in this area shall be provided with current guidelines on immunization procedures and practices.

(b) (i) Where immunization is provided by Board of Health staff, those immunized shall be provided with a record of the immunization.
(ii) Notwithstanding (i) above, all persons should be encouraged to maintain their own immunization record.

(c) The Medical Officer of Health shall assume overall responsibility for co-ordinating the distribution and use of vaccines during epidemics of vaccine preventable diseases including those diseases preventable by vaccines supplied by the Ministry of Health.

# SECTION B – IMMUNIZATION OF CHILDREN IN LICENSED DAY NURSERIES

## STANDARD

**The Board of Health shall:**

**(1) Develop and implement procedures for assessing the immunization status of children entering licensed day nurseries whose admission under the Day Nurseries Act is conditional upon immunization.**

**(2) Offer and ensure the provision of, where consent is given, a prescribed program of immunization similar to that specified with respect to designated diseases under the Immunization of School Pupils Act, to children specified under (1) above.**

**(3) In addition to the program specified under (2) above, children entering licensed day nurseries for the first time shall be offered vaccination against pertussis and provided vaccination where consent is given.**

## IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

**(a)** The number of children assessed.

**(b)** The number of children requiring immunization including specific vaccine requirements.

**(c)** The number of children offered immunization.

**(d)** The number of children accepting and receiving immunization.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out under the direction of the Medical Officer of Health, with other staff being assigned where appropriate.

**(3) Program Delivery**

**(a)** The Standard applies to children who, as a result of the requirement under the Day Nurseries Act,* come to the attention of the Medical Officer of Health.

**(b)** When the child in **(a)** comes to the attention of the Medical Officer of Health, the Medical Officer of Health shall ensure that:
- **(i)** the immunization status of the child is assessed;
- **(ii)** the immunization which may be required** before entering the Day Nursery is indicated to the parents;
- **(iii)** any necessary immunization is offered;
- **(iv)** any necessary immunization is provided where consent is given.

**(c)** The parent shall be given a record of any immunization which was administered by the Board of Health staff.

* Reg. 760/83, S33
** According to Ministry of Health immunization schedules

# SECTION C – PROMOTION OF IMMUNIZATION

## STANDARD

**The Board of Health shall:**

**(1) Provide an ongoing program for the promotion of immunization within the health unit.**

## IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

A description of promotional activities initiated or co-ordinated by Board of Health staff.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out under the direction of the Medical Officer of Health, with other staff being assigned where appropriate.

**(3) Program Delivery**

The intent of the Standard may be met through:

**(a)** The use of mass media including newspapers, local radio stations and television.

**(b)** Regular liaison between board staff, other human service agencies and client groups.

Additional promotional activity should be based upon specific acceptance levels for immunization and the incidence of disease. Local needs should be identified and promotion shall be directed to meet those needs.

# D. FAMILY HEALTH

## DEFINITIONS

**A.** In this section of the Guidelines:

(i) **community:** means the population within the jurisdiction of the Board of Health.

(ii) **counselling:** includes activities such as allowing individuals, families and groups to ventilate, applying problem solving techniques and encouraging the development of coping mechanisms. Counselling operates mainly at the level of primary prevention. This could be on one to one basis or through group discussions.

(iii) **health assessment/supervision:** means monitoring the health status of the individual. This may include assessment of the physical, mental and emotional status of the individual, screening procedures, referrals for laboratory tests, counselling and problem-solving.

(iv) **high risk group:** means those individuals who, when considered in the context of the risk indicators identified in the Guidelines have increased vulnerability or susceptibility to disease or disability or who may affect the health of family members.

(v) **need:** means a level of health or ill-health which requires intervention.

(vi) **needs assessment:** means the process of identification of health needs requiring intervention and judgement concerning relative importance and priority.

(vii) **program:** means a variety of activities or services combined to achieve specific goal-oriented objectives.

(viii) **risk factors:** means conditions or characteristics that would increase the vulnerability or susceptibility for a particular disease. These could be related to physical, social, economic, and environmental conditions.

(ix) **risk indicator list:** means a list of factors, the presence of which would increase vulnerability or susceptibility to disease and disability.

(x) **screening:** means the routine assessment of a group of individuals to identify the ones with conditions outside the norm.

**B.** The following are definitions of those health care professionals identified in the Family Health Section of the Guidelines:

(i) **Audiologist:** a person with a degree in audiology from a recognized university who determines auditory efficiency by evaluating range, nature and degree of hearing and coordinates audiometric results with other diagnostic data.

(ii) **Audiometric technician:** administers a variety of audiometric tests, such as initial pure-tone air and bone conduction and other audiometric examinations to determine hearing thresholds of patients.

(iii) **Optometrist:** a person licensed under Part V of the Health Disciplines Act to practice optometry.

(iv) **Ophthalmologist:** a person licensed under Part III of the Health Disciplines Act to practice medicine who also has a certificate in ophthalmology issued by the Royal College of Physicians and Surgeons of Canada.

(v) **Physician:** a person licensed under Part III of the Health Disciplines Act to practice medicine.

(vi) **Otologist/otolaryngologist:** a person licensed under Part III of the Health Disciplines Act to practice medicine who also has a certificate in otology/otolaryngology issued by the Royal College of Physicians and Surgeons of Canada.

# MATERNAL/PARENTAL HEALTH SERVICES

## STANDARD

**The Board of Health shall ensure:**

**(1) That procedures be developed and implemented to:**

**(a) Facilitate access of pregnant women to early prenatal care through their family physician, community or hospital clinics.**

**(b) Reach and/or identify pregnant women at high risk and such procedures to include liaison with physicians and other providers of health care and social services agencies.**

**(2) That counselling services be made available to pregnant women identified as high risk.**

**(3) That a referral and follow up mechanism be developed which provides information and support to high risk women at anytime throughout the pregnancy period based on needs.**

**(4) That childbirth education classes be made available to expectant parents and that:**

**(a) Priority for attendance be given to first pregnancies and high risk parents.**

**(b) Classes be not fewer than seven in number with a minimum duration of 1½ hours per class for instruction and exercises.**

**(c) Pregnant women be encouraged to commence classes not later than third month of pregnancy and to continue attendance until the fourth week post delivery or discharge from hospital.**

**(5) That refresher childbirth education classes be made available for multipara with the number of classes and hours of instruction being variable according to needs.**

**(6) That childbirth education classes contain but need not be limited to:**

**(a) *Prenatally:* Reproduction and changes during pregnancy; nutrition; weight gain; preparation for breastfeeding; delivery process; hospital care; special care; exercises; relaxation; family adjustments; role of partner; effect of substance use and abuse; dental care; family planning.**

**(b) *Postnatally:* Infant care and nutrition; breastfeeding; family adjustments; immunization; parenting; principles of growth and development; postpartum care; family planning; prevention of child abuse and home accidents.**

**(7) That a home visiting service be made available to:**

**(a) Those pregnant women giving birth for the first time who have not attended childbirth education classes;**

**(b) Other high risk postpartum women;**

**(c) Other postpartum women based on identified needs.**

**The service is to consist of a minimum of one postnatal visit, not later than 3-4 weeks after birth or after discharge from hospital, and additional visits based on needs.**

## IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

**(a)** Evidence, satisfactory to the Ministry, that the procedures identified in item **(1)** of the Standard have been developed and implemented.

**(b)** Evidence, satisfactory to the Ministry, that a referral/follow up mechanism envisaged under item **(3)** of the Standard is available to high risk pregnant women.

**(c)** The number of counselling sessions provided to high risk pregnant women and the nature thereof.

**(d)** The number of childbirth education classes conducted.

**(e)** The number of pregnant women and partners attending the childbirth education classes by age and parity.

**(f)** The number of home visits made to pregnant and postpartum women.

**(2) Staffing**

The services and activities associated with the Standard shall be carried out by public health nurses under the direction of the Board of Health's senior ranking public health nurse, with other staff being assigned where appropriate.

**(3) Program Delivery**

**(a)** The intent of item **(1)** of the Standard may be met through:

**(i)** establishing liaison with physicians and agencies/institutions which provide services to women of child bearing age e.g., physicians, group practices, community clinics, social services agencies, voluntary groups, high schools.

**(ii)** development of a list of criteria or indicators (a "risk indicator" list) which can be used to identify service priorities. Such indicators might include: critical child bearing ages, at risk socio-economic factors, critical parity and marital status.

**(b)** In complying with the intent of items **(4)**, **(5)** and **(6)** of the Standard, staff shall ensure that childbirth education classes have flexibility of content based on client needs. Separate classes for special groups, e.g., teenage parent(s), caesarian-section groups, should be considered if the number of parents attending classes warrants it.

In addition, educational activities through mass media to promote good prenatal care and lifestyle are advocated.

**(c)** Under item **(7)** of the Standard a home visit shall be done by a public health nurse. The components of the home visit shall be contingent upon the needs of the pregnant women.

**(d)** The Board of Health may provide childbirth education classes through an agreement with another agency; such classes are to meet the requirements of these Guidelines.

# E. NUTRITION

## IDENTIFICATION OF COMMUNITY NUTRITION EDUCATION NEEDS

### STANDARD

**The Board of Health shall ensure:**

**(1) That an assessment of the nutrition education needs of the population residing in the health unit be undertaken and that this assessment be updated biennially.**

**(2) That strategies be developed to meet these identified education needs.**

### IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

Evidence, satisfactory to the Ministry, that the nutrition assessment as required by item **(1)** of the Standard has been undertaken and that strategies have been developed to meet these needs.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out under the direction of the Board of Health's senior ranking public health nutritionist, with other staff being assigned where appropriate.

**(3) Program Delivery**

The intent of the Standard will be met if the following minimum activities are undertaken:

**(a)** The identification of local health and related agencies and groups involved or having the potential to be involved in nutrition education programs.

**(b)** The collection and compilation of available data/information which can provide insight into existing or potential nutrition education needs.

**(c)** An analysis of the information collected which may include consultation with other appropriate individuals.

**(d)** The development of strategies to address the identified needs in co-operation with the agencies, groups and individuals who are likely to be the providers of the services required.

# NUTRITION EDUCATION SERVICES TO BOARD OF HEALTH PROGRAMS

## STANDARD

**The Board of Health shall ensure:**

**(1) That a nutrition education component be developed for and included in at least each of the following Board of Health programs:**

**(a) Maternal/Parental Health.**

**(b) Dental Health.**

**(2) That each nutrition education component identify the appropriate food choices necessary to satisfy the nutrient and energy needs at each stage in the lifecycle in item (1). Lifestyle influences such as economic, social, education and cultural factors must also be taken into account.**

**(3) The nutrition education component for each program shall also include but need not be limited to:**

**(a)** ***Maternal/Parental Health:***
**Prenatal: Nutritional factors influencing pregnancy outcome; desirable weight gain; factors influencing food choices; nutritional benefits of breastfeeding.**
**Postnatal: Nutritional needs of breastfeeding mothers; nutritional needs of infants.**

**(b)** ***Dental Health:*** **Sensible eating patterns including snacking.**

## IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

Evidence, satisfactory to the Ministry, that a nutrition education component has been developed for the programs identified in item **(1)** of the Standard in accordance with items **(2)** and **(3)** of that Standard.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out under the direction of the Board of Health's senior ranking public health nutritionist, with other staff being assigned where appropriate.

**(3) Program Delivery**

**(a)** It is recommended that the nutrition education component be developed and updated in collaboration with public health nurses and other Board of Health staff as necessary.

**(b)** The intent of items **(1)**, **(2)**, and **(3)** of the Standard will be met if the following minimum activities are undertaken:

- **(i)** consultation, including inservice education and orientation, for appropriate Board of Health staff as required.
- **(ii)** annual review and revision as needed, of the written nutrition education component.
- **(iii)** development and provision of nutrition resource materials as needed.

# NUTRITION EDUCATION SERVICES TO THE COMMUNITY

## STANDARD

**The Board of Health shall ensure:**

**(1) That the nutrition education, information and advisory service is made available to the community. This service shall include but need not be limited to:**

**(a) The establishment and maintenance of liaison with agencies and groups providing nutrition education or related services within the health unit.**

**(b) The preparation and distribution of a directory or listing of reliable nutrition services and resources available to the community. The directory or listing shall be updated annually.**

**(2) That the availability of the service set out in item (1) be promoted to the community.**

## IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

Evidence, satisfactory to the Ministry, that the nutrition education, information and advisory service envisaged under item **(1)** of the Standard is available and promoted in the community in accordance with subsections **(a)** and **(b)**.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out under the direction of the Board of Health's senior ranking public health nutritionist, with other staff being assigned where appropriate.

**(3) Program Delivery**

The community agencies and groups to which this service will be provided should include health, education, recreation and social services, and the mass media.

# F. PREVENTIVE DENTISTRY

## FLUORIDE PROGRAM

### STANDARD

**The Board of Health shall ensure:**

**(1) (a) That the fluoride level in the water supply of those communities where fluoride is added to the water, be monitored at least once per month.**

**(b) That where the results of such monitoring indicate a fluoride level other than 1.2 ppm, the persons responsible for the operation of the water supply are notified of such results in order that action can be taken to bring the fluoride level to 1.2 ppm.**

**(2) That water fluoridation be promoted in communities where the natural fluoride level is below 0.7 ppm.**

**(3) That a program of fluoride supplements be promoted for children up to the age of 13 with particular emphasis on preschool children in communities where the level of fluoride in water system(s) is below 0.7 ppm.**

### IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

**(a)** Details of the monitoring programs carried out under item **(1)(a)** of the Standard and the results thereof.

**(b)** Evidence, satisfactory to the Ministry, that promotional campaigns as envisaged under items **(2)** and **(3)** of the Standard have been conducted.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out by public health dental staff under the direction of the Board of Health's senior ranking public health dentist, with other staff being assigned where appropriate.

**(3) Program Delivery**

**(a)** The intent of item **(2)** of the Standard may be met through:
- **(i)** promotion of water fluoridation through such measures as the media, displays, presentations to community groups.
- **(ii)** the testing of water in non-fluoridated areas on request.

**(b)** Under item **(3)** of the Standard the Fluoride Supplement Program shall be carried out in accordance with accepted standards of practise.

**(c)** The use of supplements shall be promoted in non-fluoridated areas for infants and children up to age 13 through the family physicians, dentists and other community health professionals.

# DENTAL HEALTH EDUCATION – ORAL HYGIENE INSTRUCTION PROGRAM

## STANDARD

**The Board of Health shall ensure:**

**(1) That a dental health education and oral hygiene instruction program be developed and offered to special groups such as the handicapped, parenting groups, pre-school registrants and children in day care and nursery groups and to the community at large.**

## IMPLEMENTATION

**(1) Program Monitoring**

In order to indicate whether or not the Standard has been complied with, the following minimum information shall be provided, on request, to the Ministry of Health:

**(a)** Number of special groups receiving the dental health education and oral hygiene instruction program.

**(b)** Number of participants in each special group.

**(c)** Number of community presentations and activities.

**(2) Staffing**

The services and activities referred to in the Standard shall be carried out by public health dental staff under the direction of the Board of Health's senior ranking public health dentist, with other staff being assigned where appropriate.

**(3) Program Delivery**

**(a)** It is recommended that the dental health education and oral hygiene instruction programs be developed so as to complement each other and that instructors use suitable training aids, such as:
- **(i)** appropriate dental health materials,
- **(ii)** audio visual aids,
- **(iii)** models,
- **(iv)** posters and pamphlets,
- **(v)** activity sheets.

**(b)** Under the Standard, a written nutrition education component shall be developed jointly by staff of the Dental and Nutrition Divisions, reviewed annually and updated as requested.
- **(i)** The staff nutritionist(s) shall meet with the dental staff at least once per year to discuss and/or provide in-service education on the nutrition component of the dental health education program.
- **(ii)** The staff nutritionist shall provide orientation of the nutrition component to each new dental health educator.
- **(iii)** The minimum nutrition content shall include the multifactorial nature of dental disease and the importance of nutrition in its prevention.

(c) Where a preschool registration program exists the parent and child shall receive dental counselling, including dental/nutritional information.

(d) The improvement of the oral health of the community in an effective and efficient manner can be enhanced by the use of appropriate community resources. Co-operation from the private dental practitioners and elementary school teaching staff should be encouraged.